



SEMINOLE COUNTY PLANNING & DEVELOPMENT DEPARTMENT
PLANNING DIVISION
1101 EAST FIRST STREET
SANFORD, FL 32771
(407) 665-7450 PHONE (407) 665-7385 FAX APPL.NO. _____

**APPLICATION TO THE SEMINOLE COUNTY
PLANNING & ZONING COMMISSION / LOCAL PLANNING AGENCY**

Applications to the Seminole County Planning & Zoning Commission / Local Planning Agency shall include all applicable items listed in the Application Checklist. No application will be scheduled for Development Review Committee (DRC) consideration until a complete application (including all information requested below) has been received by the Planning & Development Department, Planning Division.

APPLICATION TYPE

- ☐ **SMALL SCALE FUTURE LAND USE AMENDMENT (SSFLUA)**
- ☐ **LARGE SCALE FUTURE LAND USE AMENDMENT (LSFLUA)**
- ☐ **REZONING (WITHOUT SITE PLAN)**
- ☐ **REZONING (WITH SITE PLAN)**
 - ☐ **REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4**
 - ☐ **PUD/PCD MAJOR AMENDMENT**
 - ☐ **PUD/PCD MINOR AMENDMENT**
 - ☐ **PUD FINAL MASTER PLAN**
 - ☐ **PCD FINAL SITE PLAN**
- ☐ **DEVELOPMENT OF REGIONAL IMPACT (DRI)**

PROPERTY OWNER / AGENT INFORMATION

	PROPERTY OWNER	AUTHORIZED AGENT *
NAME		
ADDRESS		
PHONE 1		
PHONE 2		
FAX		
E-MAIL		

* Proof of owner's authorization is required with submittal if signed by agent.

PROJECT INFORMATION

PROJECT NAME	
SITE ADDRESS	
CURRENT USE(S)	
PROPOSED USE(S)	
LEGAL DESCRIPTION (ATTACH DIGITAL COPY)	
PROPERTY ID NUMBER(S)	
SIZE OF PROPERTY	acres

GENERAL LOCATION & ABUTTING ROADS		
SOURCE OF WATER		
SOURCE OF SEWER		
ZONING CHANGE	FROM:	TO:
FLU CHANGE	FROM:	TO:
COMPREHENSIVE PLAN TEXT AMENDMENT	FROM:	TO:
GENERAL DESCRIPTION OF PROPOSAL		

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and / or revocation of any approval based upon this application.

I hereby authorize County staff to enter upon my property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard) on my property at a location(s) to be determined by County staff.

I further acknowledge that Seminole County may not defend any challenge to my proposed future land use amendment / rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of my property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

I further acknowledge that I have read the information contained in this application form pertaining to proposed amendments the official zoning map, official land use map, and / or comprehensive plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, fully understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.

SIGNATURE OF AUTHORIZED APPLICANT*

DATE

* Proof of owner's authorization is required with submittal if signed by agent.

PRINT OR TYPE NAME

SUBMITTAL CHECKLIST:

- O – PROPERTY OWNER’S AUTHORIZATION REQUIRED (ATTACHED)**
- O – CONCURRENCY APPLICATION / DEFERRAL AFFIDAVIT**
- O – ELECTRONIC LEGAL DESCRIPTION PROVIDED**
- O – REZONING TO PUD, PCD, OP, RP, RM-2, RM-3, R-3, R-3A, or R-4 MUST**
INCLUDE 15 SETS OF SITE PLANS / MASTER PLANS
FOLDED TO 8.5” x 11”

FOR OFFICE USE ONLY

PROCESSING:

APPLICATION FEE: _____ **COMMISSION DISTRICT** _____

FLU _____ **ZONING** _____

PLANNER _____ **DATE** _____

OUTSTANDING ITEMS:

SUFFICIENCY COMMENTS _____

SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM

An authorized applicant is defined as:

- The property owner of record: or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I _____, the fee simple owner of the following
(Owner's Name)

described property (Provide Legal Description) _____

hereby petition Seminole County to amend the Comprehensive Plan, Future Land Use Map, Official Zoning Map (circle one or more) from _____ to

_____ and affirm that

_____ is hereby designated to act as my / our authorized agent and to file the attached application for the stated amendment and make binding statements and commitments regarding the amendment request.

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20__.

Notary Public in and for the County and State
Aforementioned

My Commission Expires: _____